



Iowa DNR – UST Section Registration Form #148

CASHIER USE ONLY

Tanks and piping must be registered within 30 days of installation. Installation is considered complete when the tanks and piping have been covered and tightness tested. **There is an additional registration fee of \$250 per tank when not registered within 30 days of installation.**

REGISTRATION #

1. LOCATION OF TANKS

Facility Name				County and County #		
Street Address					Phone	
City				ZIP		FAX
Type of Owner	<input type="checkbox"/> Private or Corp	<input type="checkbox"/> City	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal	<input type="checkbox"/> School
	<input type="checkbox"/> Indian Trust Land					

2. OWNERSHIP OF TANKS

Owner Name (Corp., Individual, Agency)						
Contact				e-mail		
Street Address					Phone	
City			State		ZIP	FAX

3. AUTHORIZED REPRESENTATIVE (PERSON TO RECEIVE ALL CORRESPONDENCE)

Name				e-mail		
Street Address					City	
State		Zip Code		Phone Number		FAX

4. LESSEE (OPERATOR LEASING SITE, NOT TANK OWNER)

Name (Corp., Individual, Agency)						
Contact				e-mail		
Street Address					Phone	
City			State		ZIP	FAX

5. PREVIOUS TANK OWNER

Individual or Company Name						
Mailing Address					Phone	
City			State		ZIP	FAX

6. NEW TANK REGISTRATION FEES

- Enter the number of **NEW** Tanks being registered in the boxes below. **For tanks with compartments, each compartment is considered a separate tank and must be included in the tank total.**
- There is a one-time \$10 registration fee per tank. For tanks over 1,100 gallons, an annual tank management fee of \$65 per tank must also be paid. Multiply the tank number by the fee for the amount due for each line below.
- Total the column for the total fee due.

DO NOT SEND FEES FOR TECHNICAL UPDATES	# OF TANKS	FEES	FEE DUE
Number of tanks/compartments (\$10 each)		X \$10 =	
Number of tanks/compartments over 1,100 gallons (\$65 each)		X \$65 =	
30 day late fee (if applicable)		X \$250 =	
TOTAL FEE DUE			\$

7. TYPE OF REGISTRATION (DO NOT USE FOR OWNERSHIP CHANGE – SEE 'CHANGE OF OWNERSHIP FORM')

<input type="checkbox"/> NEW TANK SYSTEM installed at NEW SITE	<input type="checkbox"/> Spill Containment/Overfill Prevention Equipment
<input type="checkbox"/> NEW TANKS installed at site ALREADY REGISTERED	<input type="checkbox"/> Replacing Leak Detection Equipment
<input type="checkbox"/> Replacing Product Lines	<input type="checkbox"/> Stage 1 Vapor Recovery Equipment
<input type="checkbox"/> Containment Sumps	<input type="checkbox"/> Other (specify):

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UNDERGROUND STORAGE TANK REGISTRATION FORM #148

1. STATUS OF TANK (MARK {X} OR DATE OUT-OF-USE)				TANK #1	TANK #2	TANK #3	TANK #4	TANK #5
Tank Identification Number								
Currently in Use				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily Out-of -Use (M/D/Y)								
2. DATE OF INSTALLATION <u>MONTH/YEAR</u> (DATE TANK/PIPING COVERED AND TIGHTNESS TEST COMPLETED)								
3. TANK TYPE								
Residential				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Farm				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial (Retail Sale)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. TANK CAPACITY & SUBSTANCE STORED								
Fill in size and contents of each compartment using the abbreviations provided. Use only compartment #1, for a single compartment tank. Put the substance stored below the compartment size in shaded space.								
				TANK #1	TANK #2	TANK #3	TANK #4	TANK #5
Example:	gallons:	12,000	Compartment 1					
	Type of fuel:	E10						
Compartment 2								
Compartment 3								
Compartment 4								
Compartment 5								
Compartment 6								
G – Gasoline (Regular Unleaded) P – Premium Unleaded E 10 – Ethanol Blend E85 – Ethanol Blend D – Diesel K - Kerosene B2, B5, B20 , etc - Biodiesel H – Hazardous (<i>provide chemical name</i>) O – Other (<i>please specify</i>)								
5. TANK MATERIAL AND CONSTRUCTION								
Tank Manufacturer				Model				
Are tanks anchored				<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes <input type="checkbox"/> Deadman <input type="checkbox"/> Concrete Pad			
Steel				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic (FRP)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Wall (FRP)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steel tank jacketed with plastic for interstitial space				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (steel clad with Fiberglass)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Wall Composite				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Which tanks are siphoned together								

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6. TANK INTERNAL PROTECTION (STEEL TANKS ONLY)	TANK #1	TANK #2	TANK #3	TANK #4	TANK #5
Tank Identification Number					
Interior Lining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation Date					
Installation Company					
Lining Material					

7. CATHODIC PROTECTION (STEEL TANKS ONLY)	TANK #1	TANK #2	TANK #3	TANK #4	TANK #5
Field Installed Galvanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field Installed Impressed Current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Factory Installed Galvanic (STIP-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Cathodic Protection System Installed (<i>month/year</i>)					
Cathodic Protection Installation Company					

COATINGS	TANK #1	TANK #2	TANK #3	TANK #4	TANK #5
Factory Applied Fiberglass Reinforced Plastic (FRP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Factory Applied Coal Tar Epoxy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Factory Applied Fiberglass Reinforced Urethane (FRU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>Please Specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. TANK LEAK DETECTION SYSTEM	TANK #1	TANK #2	TANK #3	TANK #4	TANK #5
Groundwater Monitoring Wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapor Monitoring Wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Interstitial Monitoring of Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Interstitial Monitoring of Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Tank Gauging (ATG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSLD Automatic Tank Gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inventory Control with Tank Tightness Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Tank Gauging (only for tanks 1,100 gallons or less)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>Please Specify</i>)					

For each method marked, please specify the **equipment** used for leak detection. This would include leak measuring device, sensing device, ATG system or SIR method.

Equipment used for Monitoring					
Equipment Manufacturer or SIR provider					
Equipment Model or SIR method					
For ATG, Probe Type					

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9. PIPING – TYPE, CONSTRUCTION AND PROTECTION	TANK #1	TANK #2	TANK #3	TANK #4	TANK #5
Tank Identification Number					
TYPE OF PRODUCT DELIVERY					
Pressurized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this site operate unattended <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Operates unattended 24 hours a day <input type="checkbox"/> Operates unattended Less than 24 hours a day <input type="checkbox"/> Always Staffed when operating				
CONSTRUCTION					
Single Wall FRP (Fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Wall FRP (Fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single Wall Flex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Wall Flex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single Wall Galvanized Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Wall Galvanized Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External Secondary Barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping Manufacturer					
Model					
CATHODIC PROTECTION (FOR STEEL PIPING)					
Galvanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify external coating (if any)					
10. CONTINUOUS LINE LEAK DETECTION FOR PRESSURIZED PIPING					
Mechanical Line Leak Detector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Line Leak Detector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leak Detection Make					
Model					
11. PIPING LEAK DETECTION					
Annual Line Tightness Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial Monitoring of Double Wall System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapor Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of SIR Company					
Version of SIR Method					
Safe Suction System (one check valve beneath dispenser)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction System with Check Valve at Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify)					
12. SPILL PROTECTION EQUIPMENT					
Spill Containment Size in Gallons					
Spill Equipment Mfg.					
Spill Equipment Model					

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13. OVERFILL PROTECTION EQUIPMENT

TANK #1

TANK #2

TANK #3

TANK #4

TANK #5

Tank Identification Number

Automatic Shutoff Device @ Full 95%

Flow Restrictor @ 90% Full (e.g., ball float valve)

High Level Alarm @ 90% Full

Overfill Equipment Mfg.

Overfill Equipment Model

14. STAGE 1 VAPOR RECOVERY

Note: Dual point vapor control is required on all new (installed after November 9, 2006) gasoline dispensing facilities (GDFs) that exceed 100,000 gallons throughput determined by a 30-day rolling average. GDFs that exceed 100,000 gallons in a 30-day rolling average are large source GDFs and must have dual point vapor control installed at start up.

The DNR recommends all new tanks be installed with dual point vapor recovery capability for possible future use. An Iowa-licensed installation inspector would inspect the Stage 1 vapor system at the time of installation, and document the integrity of the vapor control system on the installation inspection checklist.

Existing systems (installed before November 9, 2006) that exceed 100,000 gallons throughput in a 30-day period must be retrofitted with either coaxial or dual point vapor control by January 1, 2011.

TANK #1

TANK #2

TANK #3

TANK #4

TANK #5

Tank Identification Number

Coaxial System

Dual Point System

Manifolded System (single vapor hose connection)

Vapor recovery is not required for this UST

15. UNDER DISPENSER CONTAINMENT (UDC)

Enter the dispenser number(s) in each column that will have the same make/model of dispenser UDC. If all dispenser UDCs will be the same, then enter "ALL" as the number in Column 1 and complete only Column 1. Dispensers with the same UDCs only have to be entered in one of the columns with a list of the dispensers that have that model UDC.

DISPENSER #

DISPENSER #

DISPENSER #

DISPENSER #

DISPENSER #

UDC Manufacturer

UDC Model

UDC Single (SW) or Double-Walled (DW)

Method of monitoring UDC¹UDC Material of Construction²If Other (*Specify*)

¹Enter one of the following choices: Sump Sensor, Vacuum, Pressure, Hydrostatic, or Visual

²Enter one of the following choices: Plastic, FRP (Fiberglass Reinforced Plastic), or Other

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16. FLEXIBLE CONNECTORS, SUBMERSIBLE PUMPS, RISER PIPES, SIPHON BARS, AND OTHER METAL FITTINGS

	TANK #1		TANK #2		TANK #3		TANK #4	
	Tank	Dispenser	Tank	Dispenser	Tank	Dispenser	Tank	Dispenser
Flex Connector is present	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flex connector is secondarily contained or located in a monitored containment sump	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submersible pump (STP) is located in a monitored containment sump	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Riser pipes, siphon bars, and/or other metal fittings are located in a monitored containment sump	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

FINANCIAL ASSURANCE

17. I have financial responsibility to cover pollution liability for my underground storage tanks in accordance with 567--Chapter 136 of the Iowa Administrative Code by the following method:

ATTACH A COPY OF YOUR FINANCIAL RESPONSIBILITY DOCUMENT

- ☐ Self-insured - tangible net worth of \$10 million and ability to pass one of the financial tests in rule 136.6
☐ Insurance coverage through private insurance carrier meeting rule 136.8
☐ Guarantee from corporate parent or other firm able to pass the net worth financial test in rule 136.7
☐ Surety bond meeting rule 136.9
☐ Letter of credit meeting rule 136.10
☐ Trust Fund meeting rule 136.11
☐ Combination of the above methods (*please mark those methods being used*)

Name of Insurer:

Policy No.

FOR LOCAL GOVERNMENTS AND THEIR AGENCIES, THE FOLLOWING MAY ALSO BE USED

- ☐ Local government bond rating test meeting rule 136.13
☐ Local government financial test meeting rule 136.14
☐ Local government guarantee meeting rule 136.15
☐ Local government fund meeting rule 136.16

NOTE: Proof of financial responsibility must be maintained in order to store fuel in the tanks. You must submit a current copy of the financial assurance document such as a new certificate of pollution liability insurance or proof of self-insurance every year. If financial responsibility is not maintained, the department can stop fuel delivery. Insurance companies are required to notify the department when insurance is being canceled.

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INSTALLER/INSPECTOR CERTIFICATION

Pursuant to subrule 135.3(3)“e” the installer hereby certifies that the methods used to install the tank and piping systems comply with the requirements in subrule 135.3(1)“d”.

Company Iowa License Number

Print or Type Company Name

Address

City

State

Zip Code

Installer Iowa Licensed Number:

Type or Print Signature

Title or Position in Company

Signature of licensed installer

Date Signed

OWNER CERTIFICATION

(READ AND SIGN AFTER COMPLETING FORM)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete.

Print or Type Name of Owner

Print or Type Official Title of Owner

Signature of Owner

Date Signed

Iowa Secretary of State Corporation Number

Iowa Secretary of State Corporation Registered Agent

Registration is required by Iowa law for all underground storage tanks that have been used to store regulated substances since January 1, 1974 and were still in the ground as of July 1, 1985, or tanks brought into service after July 1, 1985. The information requested is required by 567—Chapter 135 of the Iowa Administrative Code (567-455B and Iowa Code Section 455B.473).

Mail completed form, copy of financial assurance mechanism, and appropriate fee to the address below.
Checks should be made payable to:

Iowa Department of Natural Resources

**Iowa Department of Natural Resources
Underground Storage Tank Section
502 East 9th Street
Des Moines, IA 50319-0034**